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CONFIRMATION NO. 1913

<b>SERIAL NUMBER</b> 10/647,222	<b>FILING OR 371(c) DATE</b> 08/26/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3709	<b>ATTORNEY DOCKET NO.</b> 02005.0044-US-11
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of PCT/US02/06350 03/01/2002 which claims benefit of 60/272,458 03/02/2001  
 This application 10/647,222  
 is a CIP of 10/611,917 07/03/2003 PAT 7,006,220  
 which is a CON of 09/700,538 11/16/2000 PAT 6,590,651 \*  
 which is a 371 of PCT/US99/10947 05/19/1999  
 This application 10/647,222  
 is a CIP of 10/603,597 06/26/2003 PAT 6,975,899  
 which is a CON of 09/786,781 03/09/2001 ABN  
 which is a 371 of PCT/US99/20646 09/10/1999  
 This application 10/647,222  
 is a CIP of 10/337,687 01/08/2003  
 which is a CON of 09/434,518 11/05/1999 ABN  
 This application 10/647,222  
 is a CIP of 10/446,857 05/29/2003 PAT 6,870,620  
 which is a DIV of 09/533,817 03/24/2000 PAT 6,577,391 \*  
 which claims benefit of 60/126,056 03/23/1999 \*  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***none *IR***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 11/22/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 63	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

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**TITLE**

System and method for determining tissue characteristics

<b>FILING FEE RECEIVED 1822</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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